

10/525158

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PCT/US03/26317

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only	
PCT/US	03 / 26317
International Application No.	
(21.08.03)	21 AUG 2003
International Filing Date	
PCT INTERNATIONAL APPLICATION FORM	
Name of recipient Office and PCT in research application	
Applicant's or agent's file reference (if desired) (12 characters maximum) 3088WOOP	

Box No. I TITLE OF INVENTION CALCIUM RECEPTOR MODULATING COMPOUND AND USE THEREOF	
Box No. II APPLICANT <input type="checkbox"/> This person is also inventor	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
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Telephone No.	
Facsimile No.	
Teleprinter No.	
Applicant's registration No. with the Office	
State (that is, country) of nationality: JP	State (that is, country) of residence: JP
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
YASUMA, Tsuneo 20-5, Takada-cho, Ibaraki-shi OSAKA 567-0011 JAPAN	
This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)	
Applicant's registration No. with the Office	
State (that is, country) of nationality: JP	State (that is, country) of residence: JP
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	
CHAO, Mark ; RAMESH, Elaine Takeda Pharmaceuticals North America, Inc. 475 Half-Day Road, Suite 500 Lincolnshire, IL 60069 USA us	
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Agent's registration No. with the Office. 37,293 ; 43,032	
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

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Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

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This person is:

☐ applicant only☒ applicant and inventor☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

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State (that is, country) of residence:

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This person is applicant for the purposes of:

☐ all designated States☐ all designated States except the United States of America☒ the United States of America only☐ the States indicated in the Supplemental Box

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State (that is, country) of nationality:

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State (that is, country) of residence:

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This person is:

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Applicant's registration No. with the Office

State (that is, country) of nationality:

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State (that is, country) of residence:

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